Strategic Plan
June 2000

SAN JOAQUIN COUNTY
CHILDREN & FAMILIES
COMMISSION

Adopted on June 1, 2000

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I. Executive Summary

The Children and Families First Act created an extraordinary opportunity to enhance the quality of life for young children and their families in California by establishing dedicated funding to improve child health, strengthen families and help children be ready to learn by the time they start school. The Act applies to children, prenatally to age five, and to their families and caregivers. This document is the San Joaquin County Children and Families Commission's strategic plan, which identifies the needs of young children, pregnant parents and parents of young children to be successful. This plan establishes a long-term vision for San Joaquin County's youngest members, as well as shorter-term goals and objectives and presents a plan for allocating the funding allotted to the San Joaquin County Children and Families Commission.

This document is the culmination of a year-long strategic planning process. The main goal of the Commission's strategic planning process was to incorporate the needs of *all* County residents, particularly those who may be traditionally uninvolved in community planning. The Commission heard from a diverse group of people, ranging widely in age, ethnic background, needs, professional experience, and area of residence. This process included the following key components:

- Developing the Commission's goals, vision, mission and principles;
- Identifying and analyzing socio-demographic data and trends;
- Involving the community in the strategic planning process through nine community meetings throughout San Joaquin County;
- Engaging community members and identifying key issues through fifteen focus groups and four interviews, involving more than 230 parents and service providers;
- Soliciting parent input regarding their needs through a parent survey of over 900 parents;
- Establishing the System Advisory Group, comprised of service providers and service users, to advise the Commission on creating a truly integrated system of care; and
- Listening to presentations from eight experts in early childhood development discuss the needs of children and their families in San Joaquin County.

The Commission's vision for San Joaquin County's future is that all San Joaquin County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

The San Joaquin County Children and Families Commission understands that families are essential to a child's well-being. Children are deeply influenced by their environments – including their families – and helping create a loving, stable environment for a child is crucial to a child's success. The Commission believes that all children and families must have access to the services they need, including basics such as food, housing, transportation and clothing, and that services are most effective when they respond to the needs of the individual. It is the mission of the San Joaquin County Children and Families Commission to facilitate the development and implementation of a comprehensive, integrated system of early childhood development services for all children prenatal to five years of age. This comprehensive system of services for young children and their families in San Joaquin County addresses the physical, social, emotional and

intellectual needs of children prenatally to five years of age and their parents/guardians/families, and will focus on community education and prevention.

The Commission has established four long-term goals to guide the changes it strives to accomplish:

1. To increase and maintain the strength of families and children (prenatal to age 5) in San Joaquin County;
2. To improve the health of children (prenatal to age 5) in San Joaquin County;
3. To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten; and
4. To create and maintain a comprehensive and integrated system of early childhood services which is consumer-oriented and easily accessible.

In response to the areas of unmet need, as identified by parents, teachers, experts in child development in San Joaquin County, community members and socio-demographic indicators, the Commission developed a total of twenty-four objectives, each of which relates to one of the four goals. Thirteen of these objectives were then grouped into initiatives, which are the San Joaquin Children and Families Commission's priorities for FY 2000-01; the Commission will also encourage applicants to address goals and objectives that fall outside the four major initiatives.

Initiative	**Objectives**
Parent Education	• **1.1**: Increased parental knowledge of prenatal and early childhood development • **3.5**: Increased parental knowledge of children's growth and cognitive development and the need for brain stimulation • **3.6**: Increased proportion of children who are developmentally, socially and intellectually ready for school
Children's Health	• **2.2**: Improved child nutrition and health status • **2.3**: Improved perinatal infant and maternal nutrition and health status • **2.4**: Increased number of pregnant women, infants and children receiving on-going regular health, mental health and dental care • **3.4**: Increased access to health care for young children

Initiative	Objectives
Child Care	• **3.1**: Increased number of qualified child care providers and quality child care programs • **3.2**: Increased number of child care slots • **3.3**: Increased access to child care for children with special needs • **3.6**: Increased proportion of children who are developmentally, socially and intellectually ready for school
Drug, Alcohol and Tobacco Prevention and Treatment	• **1.4**: Reduced substance abuse, including tobacco and alcohol • **2.1**: Eliminate use of tobacco, drugs and alcohol during pregnancy and by parents of young children

The San Joaquin County Children and Families Commission is devoted to maximizing available funding and to providing an array of high-quality services. The bulk of the funding for FY 2000-01 will go to program services, which includes the four initiatives, services outside of the initiative areas, one-time funding for capital improvements, and funds available to leverage other funding sources. A significant portion of the funding will invest in the future of San Joaquin County's children via an endowment or trust created by the Commission. The following is the Commission's preliminary general formula for the allocation of funds:

Program Support	**73%**	
Program Services		
Parent Education		
Children's Health		
Child Care		
Drug, Alcohol and Tobacco Prevention and Treatment		
Special Projects		
Capital Financing		
Matching Funds		
Trust Fund	**20%**	
Administration	**7%**	
Administrative Support, including staff		4%
Evaluation		1.5%
Communication		1.5%

II. Introduction

The Children and Families Act created an extraordinary opportunity to enhance the quality of life for young children and their families in California. Through a tax on tobacco products, the Act established dedicated funding to improve child health, strengthen families and help children be ready to learn by the time they start school. The Act applies to children, prenatally to age five, and their families and caregivers. The Act requires each county in California to establish a commission to oversee the implementation of the Act. The San Joaquin County Board of Supervisors adopted an ordinance creating the San Joaquin County Children and Families Commission. The Board then appointed the Commissioners to serve on the Commission. The Children and Families Commissioners are:

- Chairperson Steve Gutierrez – Member of the Board of Supervisors
- Vice-Chairperson William J. Mitchell, M.P.H – Director, San Joaquin County Public Health Services
- Kwabena Adubofour, M.D.
- Mary Flenoy-Kelley
- John K. Fujii, O.D.
- Frank A. Grande
- Susan Smith
- Randy Snider
- John R. Vera – Director, San Joaquin County Human Services Agency

The Commission has received staff support from the County Administrator's Office, with assistance from County Counsel and Auditor-Controller staff. The following County staff were involved:

- David L. Baker
- Connie Cassinetto
- Terrence Dermody
- Bob Driscoll
- Angela Hou
- Rodney A. Kawano
- Michael McGrew
- Adrian Van Houten

Among the Commission's most important functions is the development of a strategic plan that identifies the needs of young children, pregnant parents and parents of young children to be successful. The Commission's plan identifies the resources necessary to ensure that all San Joaquin County children thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society. This plan establishes a long-term vision for San Joaquin County's youngest members, as well as shorter-term goals and objectives and presents a plan for allocating the County's share of the tax revenue from the Children and Families Act. This document is San Joaquin County's strategic plan for early childhood services. It is the culmination of a year-long planning process which included

focus groups and community meetings in many of the County's cities, surveys of parents, presentations by early childhood experts and an assessment of existing economic, demographic and epidemiological data. In addition, the Commission convened a System Advisory Group that developed recommendations for an integrated service system. The San Joaquin County Children and Families Commission has actively directed and participated in this process. A full description of the planning process can be found in Section 3 of this document.

The Commission is committed to ensuring that all young children and their families benefit from the resources available under this plan. San Joaquin County has a rich diversity of cultures, languages and community traditions. Sometimes those characteristics create barriers to full participation in services needed to enhance the quality of life. The need to understand those unique characteristics and incorporate that understanding into the development of a new service system is the most consistent message from the community in this process. The Commission recognizes its obligation to use these resources to ensure equal access and full participation by all San Joaquin County's young children and their families. This plan was developed with respect for the County's populations and with the intent to benefit all equally.

The Commission's vision for the County's children and families is presented in Section 4, as are the Commission's mission statements and principles. These statements of intent are the framework for the remainder of the document. They describe what the Commission hopes to achieve in San Joaquin County and its role in improving the lives of the youngest community members. The strategic plan presents a picture of the County's overall demographic and economic conditions and relates those conditions to the needs of children and families.

Section 5 describes the specific goals, objectives and strategies the Commission intends to pursue in fulfilling its mission. This section is based on the needs assessment component of the planning process and the Commission's own judgment about which strategies are likely to be most effective in accomplishing the proposed objectives. In suggesting a range of strategies, the Commission does not wish to limit service providers to only those strategies in carrying out the plan. The Commission also wants to encourage creative, non-traditional approaches to achieving the outcomes described in this section. The Commission's priorities for FY 2000-01 are organized into four major initiatives – Parent Education, Children's Health, Child Care and Drug, Alcohol and Tobacco Prevention and Treatment. The goals, objectives and strategies will be a key part of the Request for Proposals the Commission will issue to implement the plan.

The formula for distributing San Joaquin County's share of state Children and Families Act revenue is presented in Section 6. This section describes the general budget categories and shows the allocation of funds for FY 2000-01. The following section (Section 7) briefly outlines the Commission's intent to use these funds to leverage other state, federal or private funding for programs which are consistent with the goals of this plan.

Section 8 is the Commission's plan for designing a service system that responds to the Act's requirements that services be integrated, comprehensive, consumer-oriented and easily accessible. It is based on the recommendations of the System Advisory Group. The design elements in this section will be incorporated into the Request for Proposals the Commission intends to issue once the strategic plan is implemented.

Sections 8 and 9 describe the organizational components of the Commission's work and the service system it will support. The evaluation plan is described in Section 9. Section 9 also outlines the Commission's approach to technical assistance, both programmatic and organizational, to service providers who will use Children and Families funding to deliver services, and to applicants who are interested in applying for Children and Families funding.

III. The Planning Process

The San Joaquin County Children and Families Commission is comprised of nine members. The Commission is chaired by County Supervisor Steve Gutierrez. Commission members are as follows:

- Chairperson Steve Gutierrez – Member of the Board of Supervisors
- Vice-Chairperson William J. Mitchell, M.P.H – Director, San Joaquin County Public Health Services
- Kwabena Adubofour, M.D.
- Mary Flenoy-Kelley
- John K. Fujii, O.D.
- Frank A. Grande
- Susan Smith
- Randy Snider
- John R. Vera – Director, San Joaquin County Human Services Agency

The San Joaquin County Children and Families Commission issued a Request for Qualifications in May 1999, and chose Harder+Company Community Research as the consultants to facilitate the strategic planning process.

The strategic planning process began in April 1999 and continued through May 2000. This process included the following key components:

- Developing the Commission's goals, vision, mission and principles;
- Identifying and analyzing socio-demographic data and trends;
- Involving the community in the strategic planning process through community meetings;
- Engaging community members and identifying key issues through focus groups and interviews;
- Soliciting parent input regarding their needs through a parent survey;
- Establishing the System Advisory Group, comprised of service providers and service users, to advise the Commission on creating a truly integrated system of care; and
- Listening to presentations from experts in early childhood development discuss the needs of children and their families in San Joaquin County.

The main goal of the Commission's strategic planning process was to incorporate the needs of *all* County residents, particularly those who may be traditionally uninvolved in community planning. Community meetings were held in Lodi, Manteca, North Stockton, South Stockton and Tracy. These meetings introduced the Commission, its vision and its plan, and provided an opportunity for community members to tell the Commission about the needs of young children and their families and to offer the Commission valuable input on its strategic plan.

The following table presents the dates and locations of all the community meeting held by the Commission throughout the strategic planning process:

Dates and Locations of San Joaquin County Children and Families Commission Community Meetings

Date	Location
December 8, 1999	Monroe Elementary School, Stockton
January 11, 2000	Hutchins Street Square, Lodi
January 12, 2000	Stagg High School, Stockton
January 13, 2000	East Union High School, Manteca
April 26, 2000	Public Library, Manteca
April 27, 2000	St. Mary's Interfaith Dining Room, Stockton
May 2, 2000	North Elementary School, Tracy
May 3, 2000	Stagg High School, Stockton
May 4, 2000	Hutchins Street Square, Lodi

Recognizing that many people may not feel comfortable attending a community meeting, and the need to gather input from those more distanced from County services, fifteen focus groups were conducted. These groups took place throughout the County; focus group participants were contacted through community contacts and service providers. The focus groups ranged in size from seven to thirty-eight participants, with a total of over 230 people attending these groups. Additionally, four interviews were conducted with foster parents who were not able to participate in a focus group. All of these people participated in a facilitated, in-depth discussion of the needs and challenges facing young children and their parents in San Joaquin County, and contributed their ideas on what services would be helpful.

These groups drew in a diverse group of people, ranging widely in age, ethnic background, needs, professional experience, and area of residence. Two focus groups were conducted with kindergarten teachers in Stockton and Tracy, while thirteen focus groups were done with parents. The Commission sponsored focus groups with teen parents, parents from various ethnic groups (including African American, Cambodian, Hmong, Laotian, Latino and Vietnamese), and parents with special needs children. Five of these groups were conducted in languages other than English.

In order to find out about parents' past experiences with services, and to help determine what services parents might find useful, a parent survey was administered throughout San Joaquin County. The survey was administered by the Human Services Agency to parents requesting assistance, by child care providers at child care sites, and through Head Start

programs. Over 900 parents from diverse backgrounds answered the survey, representing 1,300 children ages 5 and under. Parents from Stockton, Lodi, Tracy and Manteca, as well as from smaller cities, participated in this survey. These parents represented a wide variety of ethnic backgrounds, and 16 languages other than English were spoken in their homes.

The System Advisory Group was comprised of service providers with expertise in the needs of children and their families, and of service users with young children. The members of the System Advisory Group are as follows:

- Chairperson Richard Gacer – Parenting Education Representative
- Vice-Chairperson Dan Reynolds – Consumer Representative
- Richard Cuevas – Early Childhood Development Representative
- Susan DeMontigny –Child Health Representative
- Colleen Foster – At-large Representative
- Louise Johnston – Special Needs Children Representative
- Mai Lor – Consumer Representative
- Marci Massei – Early Childhood Education Representative
- Antonio Montoya – At-large Representative
- Joan Richards – Child Care Representative
- Valerie Sims – Child Welfare Representative
- Dawayla Tucker – Consumer Representative

The System Design Advisory Committee met seven times to discuss the necessary elements of an integrated system. By taking into account barriers to accessing services and combining their knowledge of parents' and providers' needs to participate in a comprehensive system of care, the System Advisory Group developed recommendations for the framework upon which Commission-funded services will be based.

Experts in the three strategic results areas – improved family functioning, child development and child health – spoke to the Commission about the importance of each of these areas. These experts included:

- Carlos A. Bonilla, Ph.D. – Adjunct Professor, National University
- Corrine Cervantes – Director, Success by 6
- Susan DeMontigny – Senior Deputy Director, San Joaquin County Public Health Services
- Kathleen Equinoa – Superintendent, Mary Graham Children's Center
- Maria Fisicaro – Program Manager, San Joaquin County Office of Education
- Joelle Gomez – Director, Women's Center of San Joaquin County
- Joyce L. Goss – Elementary School Teacher, Lodi Unified School District
- Louise Johnston – Child Care Coordinator, County Office of Education
- Tim Livermore, M.D., M.P.H. – Assistant Health Officer, San Joaquin County Public Health Services
- Guillermo Vicuña, D.D.S. – Co-founder, Su Salud

The presenters addressed the needs of San Joaquin County children, and identified steps that the Commission can take to improve the quality of life for all young children and their families in the County.

IV. Vision, Mission, Principles and Goals

The San Joaquin County Children and Families Commission's strategic plan emphasizes a vision in which young children and their families in San Joaquin County are valued. The Commission is dedicated to providing the necessary tools and environment to raise happy, healthy and smart children. This vision is based upon the State Commission's guidelines, the convictions of the Commission members and feedback from the community.

The Commission's vision, mission, principles and goals have all served to guide the entire strategic planning process. The vision is defined here as a broad, general statement of the desired future of young children and their families in San Joaquin County. The Commission understands its mission to be its statement of purpose. The principles identified are the values and beliefs that guide and inspire the Commission's decisions. They represent the Commission's convictions as a whole. The goals are inspired by the vision statement, and represent long-term statements of desired change.

VISION

All San Joaquin County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

MISSION

The San Joaquin County Commission will facilitate the development and implementation of a comprehensive, integrated system of early childhood development services for all children prenatal to five years of age.

PRINCIPLES

The San Joaquin County Children and Families Commission believes that:

- Families are essential to a child's well-being. Children are deeply influenced by their environments – including their families – and helping create a loving, stable environment for a child is crucial to a child's success.
- All children and families must have access to the services they need, including basics such as food, housing, transportation and clothing.
- Services are most effective when they respond to the needs of the individual; when they treat the service user with respect and compassion; and when they are linguistically and culturally sensitive, age-appropriate, geographically accessible and meet the needs of all children, including those with special needs.
- Services must ensure that anyone wanting or needing services gets the help they need.
- Service consumers' needs are best met when services are coordinated between agencies. Coordination between agencies also improves the quality of services.
- Children, families, service providers and community members are instrumental in ensuring that all children are raised in supportive, nurturing and loving environments. Their input and participation should be sought actively.
- Prevention and education are the cornerstones of a healthy community.
- Programs should be encouraged to be innovative.
- All programs' successes should be evidenced by science.

GOALS

1. To increase and maintain the strength of families and children (prenatal to age 5) in San Joaquin County
2. To improve the health of children (prenatal to age 5) in San Joaquin County
3. To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten
4. To create and maintain a comprehensive and integrated system of early childhood services which is consumer-oriented and easily accessible.

V. Goals, Objectives and Strategies

This section represents the heart of the San Joaquin County Children and Families Commission's strategic plan. It describes what the Commission intends to do to increase the well-being of children age 0 to 5 and their families. The following goals and objectives respond to community needs and the mandates of the state Children and Families Act; where there is evidence that the needs of a specific population differ from those of the larger population in San Joaquin County, the needs of the specific population are highlighted.

Some clarification of the Commission's intentions in using some of the terms in this section is in order. The goals are the broad statement of the improvement the Commission hopes to achieve. The objectives are the specific and measurable accomplishments the Commission believes will lead to the goal. The outcomes are the measures of what will be different when the objective is realized. This section also details sample program strategies for each objective. These strategies are only intended to represent *possible* ways to achieve the objective, and are not intended to be exhaustive. Part of the reason they are included is to stimulate ideas; the Commission wholeheartedly encourages creativity and innovation in program design strategies. These sample strategies do not represent programs that the Commission will prioritize, nor will proposing the stated sample strategies guarantee funding. They are suggestions based on the scientific literature and expert opinion.

Prenatal care is used to denote comprehensive medical care for pregnant women. It explicitly refers to the period before the woman gives birth. Perinatal care is used to indicate the period both before and after the birth of the child, extending to the full year after the child is born. Prenatal and perinatal care must be ongoing and of high quality, addressing the physical (including dental) and emotional needs of pregnant women and/or new parents.

The phrase "young children" is used to indicate children in the target age range of the Children and Families Act of 0 (prenatal) to 5 years of age. The "0" and "prenatal" serve to highlight the San Joaquin County Children and Families Commission's intention to serve pregnant women and their partners as well as people planning to become parents, recognizing that a child's health and well-being begin well before birth.

The Commission follows the federal and state definitions of special needs children, and includes but is not limited to, all children with behavioral problems.

Finally, the Commission wants to emphasize the importance of case finding and outreach to the people – young children and their families – who need the services it funds. Targeting those who can most benefit from services is an explicit part of every objective presented in this section. This identification is central to the Commission's success; each objective assumes that locating people who need the services will be the first step towards improving the overall health of our community's youngest members.

Goal

Goal 1: To increase and maintain the strength of families and children (prenatal to age 5) in San Joaquin County

Objective

Objective 1.1: Increased parental knowledge of prenatal and early childhood development

Summary of Findings

There is little direct indicator data available for this objective. However, over half the County's households have two working parents. Service providers and parents report that many new parents do not have adequate information about the developmental needs of their infants. As a consequence, kindergarten teachers report that too many students are not socially or emotionally prepared to start school. This is especially common in non-English speaking households. Parents who are in substance abuse treatment report that they were not able to provide appropriate parenting to their children while they were actively using, losing the opportunity to form a close bond with the child at an early age. Other parent groups report that fathers are not sufficiently involved in child-rearing, which often results in children who have difficulty relating to adults.

Outcome Indicators

- Increase in parent education programs
- Increase in parents who are familiar with early childhood development principles, particularly relating to brain stimulation
- Increase in parents who practice developmentally appropriate child-rearing activities
- Increase in parents who view parenting as an important activity
- Increase in fathers who are actively involved in child-rearing
- Increase in parents in substance abuse treatment who participate in parent education
- Number of parent education and support programs available in languages other than English

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Parent education classes in non-traditional locations
- Parent education classes in languages other than English
- Integration of parent education programs into other human service programs
- Home visits by parent educators, public health nurses and other providers to assist parents with understanding child development and to deliver developmentally appropriate toys, books and other materials free of charge
- Prenatal education on early childhood development

Goal

Goal 1: To increase and maintain the strength of families and children (prenatal to age 5) in San Joaquin County

Objective

Objective 1.2: Reduced child abuse

Summary of Findings

There were 10,521 child abuse referrals in San Joaquin County in 1998. The physical, emotional and sexual abuse of children produces long-lasting and profound effects. Abused children are more likely to become abusive parents, be incarcerated, use drugs and have other adjustment difficulties. While child abuse rates in the County are unchanged over the past few years, service providers report seeing increasing numbers of abused children in school and child care settings. Focus groups report that the use of physical discipline with children is common in Southeast Asian communities. This objective addresses the primary prevention of child abuse and a reduction in the negative consequences for children who are already victims of abuse.

Outcome Indicators

- Reduction in the number of child abuse reports to Child Protective Services
- Reduction in out-of-home placements due to child abuse
- Increase in parent understanding of parenting techniques about how to reduce violence toward children

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

Prevention of Child Abuse

- Parent education in culturally appropriate and non-traditional settings
- Drug treatment for high risk families
- Innovative family counseling programs for high risk families
- Increase awareness and availability of respite care
- Crisis hotline for parents
- Parent education about appropriate discipline

Treatment of Child Abuse

- Increase availability of culturally appropriate foster care placements
- Programs to provide intensive support for family re-unification
- School-based programs to help children heal from victimization
- Training for service providers on child abuse identification and reporting

Goal

Goal 1: To increase and maintain the strength of families and children (prenatal to age 5) in San Joaquin County

Objective

Objective 1.3: Reduced incidence of domestic violence

Summary of Findings

There were 4,189 domestic violence calls to law enforcement in 1998. Due to the stigma of domestic violence (or spousal battery), its actual prevalence is probably much greater than the reported prevalence. Domestic violence is a destructive behavior affecting the entire family. Domestic violence often escalates during pregnancy. Young children in families where domestic violence occurs are often battered; children from homes where domestic violence occurs are more likely to become batterers themselves and to experience a wide range of destructive behaviors, including drug use, crime and violence. Domestic violence is reported to be an especially serious problem in Southeast Asian communities where there are fewer cultural norms prohibiting it. This objective includes both prevention and treatment of domestic violence.

Outcome Indicators

- Reduced incidents of domestic violence
- Reduced demand for emergency shelter beds
- Reduced number of households with children ages prenatal to 5 reporting domestic violence
- Increased services for victims of violence, especially young children
- Reduced long-term psychological symptoms of victimization among children
- Increased capacity of service providers to identify and refer for treatment
- Changes in cultural norms that condone domestic violence

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

<u>Prevention of domestic violence</u>

- Culturally appropriate family service programs
- Inclusion of domestic violence prevention in home visitation program
- Promotion of anti-violence messages
- Assessment and intervention during pregnancy

<u>Treatment for domestic violence victims</u>

- Expanded treatment programs for children in homes where violence occurs
- School-based treatment programs
- Intensive family interventions before re-unification where child has been removed from home because of domestic violence

Goal

Goal 1: To increase and maintain the strength of families and children (prenatal to age 5) in San Joaquin County

Objective

Objective 1.4: Reduced substance abuse, including tobacco and alcohol

Summary of Findings

In 1996, 20.5% of the Valley Region adults reported being smokers, a higher percentage than the state average. In 1999, 19% of Stockton's 11th graders reported having smoked a cigarette in the past 30 days. An even greater percentage (24%) reported having smoked marijuana. There is strong evidence that exposure to environmental smoke is a significant health hazard for young children, linked to negative birth outcomes and other developmental problems. Service providers in every service area report that parental drug and alcohol use contribute to problems with family functioning. Substance use is cited as a contributing factor in many of the child abuse and domestic violence cases reported to law enforcement and County Human Services. Substance use also is a barrier to economic self-sufficiency, resulting in an inability to secure the necessities of family life.

Outcome Indicators

- Reduced prevalence of drug and alcohol use
- Reduced smoking behavior
- Reduced exposure of young children – from prenatal to 5 – to drugs and alcohol
- Increased availability of drug treatment programs for pregnant parents and parents of young children
- Increased availability of smoking cessation programs for pregnant parents and parents of young children
- Increased availability of treatment programs for teenagers
- Increase in effective parenting among parents who have been drug and alcohol abusers
- Reduced percentage of child abuse and domestic violence attributable to drug and alcohol use
- Reduced substance use among teenagers
- Reduced prevalence of childhood asthma
- Reduced incidence of fetal alcohol syndrome
- Reduced incidence of low birthweight babies

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Increase treatment programs for substance users who are pregnant or parents of young children
- Provide intensive support programs for parents re-uniting with their children after having been in treatment
- Expand smoking cessation and alcohol abuse treatment programs for all communities in the County, focusing on pregnant parents and parents of young children
- Expand tobacco and alcohol abuse prevention programs for all communities in the County, focusing on adolescents, pregnant parents and parents of young children
- Include tobacco and alcohol education in the services provided by the home visitation program, primary care givers and service providers to pregnant women and families with young children
- Disseminate tobacco and alcohol prevention messages through all organizations providing Prop 10-funded services in the County

Goal

Goal 1: To increase and maintain the strength of families and children (prenatal to age 5) in San Joaquin County

Objective

Objective 1.5: Increased family self-sufficiency

Summary of Findings

Poverty is a fundamental problem for many families and children in the County. Having enough income to get the necessities of life was the most important issue raised by parents in the focus groups and interviews. One-quarter of children 0 to 5 live in poverty. The County's unemployment rate is much higher than the state average. Communities of color experience substantially higher rates of poverty and unemployment than the County as a whole. The lack of income contributes to a lack of health care, adequate nutrition, developmentally appropriate toys and books, computers, transportation and other basic requirements. According to parents and service providers, the shortage of child care keeps some parents from being able to work.

Outcome Indicators

- Reduced child poverty
- Increased employment among parents of young children
- Increased income among parents of young children
- Increased adult literacy
- Increased access to and use of health insurance
- Increase in safe environments for young children

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Encourage participation in employment training programs, including adult literacy
- Encourage parents to take advantage of educational opportunities
- Encourage leveraging resources to increase child support enforcement
- Provide basic commodities (food, baby supplies, clothing, books, toys, child car seats) for free or at reduced cost
- Assist parents with young children in locating affordable, safe housing
- Offer case management to assist pregnant parents and parents of young children access services
- Provide increased access to health care

Goal
Goal 1: To increase and maintain the strength of families and children (prenatal to age 5) in San Joaquin County
Objective
Objective 1.6: Reduced unintentional pregnancies
Summary of Findings
Outcome Indicators
• Reduced unintentional pregnancies • Increased participation in family planning services
Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:
• Encourage participation in family planning services

Goal

Goal 2: To improve the health of children (prenatal to age 5) in San Joaquin County

Objective

Objective 2.1: Eliminate use of tobacco, drugs and alcohol during pregnancy and by parents of young children

Summary of Findings

There is little indicator data available for this objective. Nonetheless, the use of tobacco, drugs and alcohol by parents – both during pregnancy and around young children – is detrimental to these children's health. Early prenatal care is one way to educate pregnant women about the potential impacts of their drug use on their babies. However, San Joaquin County has a high rate of women who do not begin prenatal care during the first trimester of pregnancy (26.9% per 100 live births, compared with the state's rate of 19.5% per 100 live births). Drug use during pregnancy can result in low birthweight infants, who are at a higher risk for physical and developmental complications. African Americans in San Joaquin County, in particular, have a high rate of low birthweight babies (14.1% for African Americans and 6.5% for all County children in 1997, versus a state rate of 6.1% from 1995 to 1997). Parents currently in substance abuse treatment programs report having used drugs when they were pregnant.

Outcome Indicators

- Decreased incidence of low birthweight infants
- Increased access to and use of prenatal care during the first trimester
- Increased parental awareness of the detrimental effects of tobacco, drugs and alcohol on the fetus and on young children
- Increased parental knowledge of where and how to access needed services
- Reduced prevalence of drug and alcohol use
- Reduced smoking behavior (survey)
- Reduced perinatal exposure to drugs and alcohol
- Increased availability of substance abuse treatment programs for parents of young children
- Increased availability of smoking cessation programs for parents of young children

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Community-based parent education programs
- Increase treatment programs for substance users who are parents of young children
- Expand smoking cessation programs for all communities in the County, focusing on parents of young children
- Expand tobacco prevention programs for all communities in the County, focusing on adolescents and parents of young children
- Include tobacco education in the services provided by the home visiting program
- Disseminate tobacco prevention messages through all organizations providing Prop 10-funded services in the County

Goal

Goal 2: To improve the health of children (prenatal to age 5) in San Joaquin County

Objective

Objective 2.2: Improved child nutrition and health status

Summary of Findings

Parents – particularly Hmong parents and parents with a history of substance abuse – report that a lack of economic resources and lack of knowledge of adequate nutrition diminishes their ability to provide proper nutrition. Foster parents and parents of children with special needs state that a lack of specialized medical care negatively impacts their children's health. Other parents commented that the discontinuity of care makes it hard for them to get the care their children need. The percent of children with all required immunizations at admission to kindergarten decreased in from 1996 to 1998 (94.0% in 1996, 68.0% in 1997 and 89.3% in 1998). African American and Laotian parents mention that they are unaware of the necessary immunizations. The African American asthma rate is dramatically higher than the Healthy People 2000 Goal (644 per 100,000 and 225 per 100,000, respectively). Children ages 0 to 4 show a high incidence of unintentional poisoning (72 hospitalized injuries in 1996 and 1997). In 1996 there were 2,113 children ages 1 to 5 with blood lead levels at or above 10, indicating that lead exposure is a problem. Many children do not receive dental health services.

Outcome Indicators

- Increased education to parents on the health needs of their children, including nutrition and feeding practices
- Increased access to specialized medical providers for children, such as mental health
- Increase in children whose immunizations are up-to-date at age 2
- Increased awareness of the necessary immunizations, particularly among African Americans and Laotians
- Decreased asthma rates, particularly among African Americans
- Decreased levels of environmental toxins
- Reduced unintentional injuries
- Decrease in children with elevated blood lead levels
- Increase in number of children whose parents seek blood lead testing
- Improved eating practices

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Expand existing health-related programs into the community
- Increase local access to and use of health services through community-based programs
- Increase transportation to specialized health services
- Help parents access food for their young children free of cost
- Nutritional education for parents
- Include education about immunization in the services provided by the home visitation program
- Include education on common toxins, including lead, in the services provided by the home visitation program
- Provide case management to parents of young children to meet their children's health needs

Goal

Goal 2: To improve the health of children (prenatal to age 5) in San Joaquin County

Objective

Objective 2.3: Improved maternal, perinatal and infant nutrition and health status

Summary of Findings

San Joaquin County has a substantially higher rate of pregnant women who do not begin prenatal care in their first trimester than does California overall (26.9% and 19.5%, respectively). The rate of low birthweight infants in San Joaquin County is much higher than the Healthy People 2000 goal (6.5 and 5.0 per 100 live births, respectively). Breastfeeding is important in young children's health: breastfeeding enhances children's health by protecting them against infections and illnesses and providing important nutrients, and promotes bonding between the mother and child. Forty percent of mothers living in San Joaquin County in 1997 initiated exclusive breastfeeding, while the state average is 43%. Parents report that the high cost and limited open hours of health services impede their ability to access health care; this is compounded by a lack of transportation.

Outcome Indicators

- Increased pregnant women who begin prenatal care in their first trimester
- Increased planned pregnancies
- Reduced perinatal exposure to tobacco, drugs and/or alcohol
- Reduced incidence of low birthweight infants, particularly among African Americans
- Reduced infant mortality
- Increased breastfeeding

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Expand home visitation program to all households with a pregnant women or newborn baby
- Increase availability of early and adequate prenatal care
- Increase transportation options to access care for parents of young children
- Disseminate information to mothers about the importance of breastfeeding
- Provide information to new mothers about the services available to them
- Increased substance abuse treatment programs for pregnant women

Goal

Goal 2: To improve the health of children (prenatal to age 5) in San Joaquin County

Objective

Objective 2.4: Increased number of pregnant women, infants and children receiving on-going regular health, mental health and dental care

Summary of Findings

Parents comment that the lack of accessibility and lack of continuity of health care services are highly problematic. African American and foster parents state that it is difficult to access the mental health services their children need. Latino parents are particularly concerned that their children do not receive dental care; kindergarten teachers echo this concern regarding all of their students. The California Health and Disability Prevention Program (CHDP) provides reimbursements to public and private providers such as physicians for complete health assessments; a primary goal is to assure that eligible children and youth have access to ongoing health care. In fiscal year 1998, only 42% of San Joaquin County's CHDP target population was served.

Outcome Indicators

- Increased mental health services available
- Increased dental care available
- Increased use of dental care
- Increased enrollment in Medi-Cal and Healthy Families
- Increased CHDP target population served
- Increased children who have seen a doctor, as recommended by the American Academy of Pediatrics
- Increase in children whose immunizations are up-to-date at age 2

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Increase outreach programs in high-risk communities
- Provide incentives for program enrollment
- Work with professional associations to make more low-cost care available
- Encourage parents to enroll their children in health programs for which they are eligible through home visitation program
- Educate parents about resources already available to them, through communication channels most appropriate for their communities

Goal
Goal 2: To improve the health of children (prenatal to age 5) in San Joaquin County
Objective
Objective 2.5: Reduced intentional and unintentional injuries
Summary of Findings
For children ages 0-12, falling was the leading cause of nonfatal injuries in 1996 and 1997 (171 hospitalized injuries). Motor vehicle crashes were the second most common cause of injury for all ages and for children ages 0-12 (966 and 107 hospitalized injuries, respectively). Children ages 0-4 show a high incidence of unintentional poisoning (72 hospitalized injuries).
Outcome Indicators
• Reduced falling • Reduced unintentional poisonings • Reduced injuries due to motor vehicle crashes • Increased number of children properly restrained in motor vehicles • Reduced drownings • Increased parental awareness of injury prevention strategies
Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:
• Incorporate injury prevention education into home visitation program • Ensure all parents have child seats for their young children • Include education on common toxins in the services provided by the home visitation program • Promote messages about how parents can child proof their home • Provide home safety devices to parents of young children • Monitor safety of all playgrounds in the County and upgrade those that are inadequate

Goal

Goal 2: To improve the health of children (prenatal to age 5) in San Joaquin County

Objective

Objective 2.6: Increased number of children in safe and healthy environments

Summary of Findings

Ensuring safe and healthy environments means reducing all the risks (behavioral and environmental) that threaten children. Children ages 0-5 comprised 37.9% of the total referrals for child abuse in 1998. Parents presently in substance abuse treatment programs and Vietnamese parents, among others, report that they are unfamiliar with the laws regarding child abuse and would like to understand them better. Additionally, parents state that they are unaware of a range of methods to discipline their children. African American and teen parents state that their limited incomes do not allow them to purchase items that would foster a healthy, nurturing environment for their children, such as learning tools, books and toys. Kindergarten teachers, parents who have been in substance abuse programs and teen parents, among others, claim that a lack of public, non-commercial, social spaces where they can be with their children. Parents are often unaware of home safety issues, encompassing issues such as fire, scalds and other burns and falls. Child care providers may be aware of these safety issues, but at times lack the infrastructure to ensure their implementation.

Outcome Indicators

- Reduction in the number of child abuse reports to Child Protective Services
- Reduction in out-of-home placements due to child abuse
- Increase in parent understanding of parenting techniques about how to reduce violence toward their children
- Increase in children with developmentally appropriate toys, books and other learning tools
- Increase in parental knowledge of child abuse laws and their rationale
- Increase in public, non-commercial, social spaces that are child-friendly
- Increase in availability of substance abuse treatment programs
- Decrease in young children's exposure to toxins (including smoke, lead and chemicals)
- Increase in community awareness of safety issues affecting young children
- Increase in child care facilities with safe, appropriate equipment
- Increase in safety of home infrastructure

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Provide learning tools such as books and toys at no cost
- Encourage the development of community centers in all communities
- Parent education classes in culturally appropriate and non-traditional settings
- Provide case management to parents with a history of abuse who are reunited with their children
- Innovative family counseling programs for high risk families
- Increase availability of culturally appropriate foster care placements
- Programs to provide intensive support for family re-unification
- Promote awareness of the importance of home safety
- Promote awareness of the dangers of exposing young children to toxins
- Encourage child care providers to make their facilities' infrastructure safe

Goal
Goal 2: To improve the health of children (prenatal to age 5) in San Joaquin County
Objective
Objective 2.7: Reduced incidence of teen pregnancies
Summary of Findings
San Joaquin County's rate of births to adolescent mothers is significantly higher than the California rate (71.4 and 61.7 per 1,000 female population, respectively). Females in smaller cities are more likely to have children as teenagers.
Outcome Indicators
• Reduction in births to adolescent mothers • Reduction in births to adolescent mothers in smaller cities • Increased high school completion rates • Reduction in high school attrition rates • Reduction in high school dropout rates • Increase in youth in job training programs • Increase in youth employment • Increase in programs for teens to prevent teen pregnancies
Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:
• Community-based sex education programs • School-based sex education programs • Promote messages about the social and professional consequences to an adolescent mother • Promote messages about the health consequences to a baby with an adolescent mother • Develop job training programs for youth

Goal

Goal 3: To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten

Objective

Objective 3.1: Increased number of qualified child care providers and quality child care programs

Summary of Findings

High quality child care can provide children with many of the skills they need to be successful in kindergarten. There is a lack of trained child care providers in San Joaquin County. Many child care centers do not have adequate basic equipment. Very few child care providers have the infrastructure to meet the needs of infants, special needs children and parents who work non-traditional hours. The quality of child care is also impacted by the high level of staff turnover; this turnover is partly due to low salaries, lack of health benefits and the absence of a retirement plan. Parents repeatedly stressed their desire to find a child care provider who is reliable, trustworthy and attentive to their child's needs. Parents from communities of color emphasized that quality child care providers would be familiar with their culture.

Outcome Indicators

- Increase in child care providers with AA degrees
- Increase in child care providers with post-AA upper education units
- Increase in child care that is open non-traditional hours, including early morning, late-night, overnight and weekends
- Reduction in staff turnover rates
- Increase in child care providers who speak languages other than English
- Increase in child care providers with equipment that is appropriate for young children
- Increase in child care providers who tend to ill children

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Financial assistance to child care providers to purchase appropriate equipment
- Financial assistance to current child care providers who wish to seek further training
- Financial assistance to current child care providers who wish to take language classes
- Recruitment of bi-lingual and/or bi-cultural child care providers
- Financial assistance to child care providers to increase benefits
- Financial assistance to child care providers to increase salaries
- Financial assistance to child care providers to improve retirement plan
- Financial assistance to child care providers who tend to ill children

Goal

Goal 3: To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten

Objective

Objective 3.2: Increased number of child care slots

Summary of Findings

There are 19,102 spaces available for children ages 0-5 in licensed child care centers and family child care homes countywide. However, there are many more children ages 0 to 5 with parents who work, meaning that the demand for child care is greater than the supply. Parents repeatedly mention the enormous difficulty they have in finding child care; they complain of long waiting lists, the high cost of available child care programs and the lack of child care in their communities.

Outcome Indicators

- Increase in number of culturally appropriate child care slots in all types of care
- Increase in child care slots that are subsidized
- Increase in child care slots in low-income areas and other locations with an inadequate supply and a lack of appropriate public transportation
- Increase child care services for special needs children
- Increase in child care slots for children of parents in drug treatment programs
- Increase in slots in substance abuse treatment programs for parents

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Financial assistance to people who wish to be child care providers but lack adequate training
- Recruitment of bi-lingual and/or bi-cultural child care providers
- Financial assistance to child care providers to increase benefits
- Financial assistance to child care providers to increase salaries
- Financial assistance to child care providers to improve retirement plan
- Increase subsidies to low-income parents
- Substance abuse treatment programs for parents
- Provide support for improvements in child care facilities

Goal

Goal 3: To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten

Objective

Objective 3.3: Increased access to child care for children with special needs

Summary of Findings

Parents of special needs children and foster parents state that the existing child care providers are not equipped to meet the needs of their children. Consequently, they fear that their children are not as ready for kindergarten as they could be, and they feel overwhelmed by the responsibility that is then placed upon them as parents.

Outcome Indicators

- Increase in children identified as having special needs
- Increased child care slots for children with special needs
- Increased equipment in child care facilities that meets the needs of special needs children
- Upgrades in child care facilities
- Increased availability of respite care for parents of special needs children

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Financial assistance to current child care providers who wish to seek further training
- Financial assistance to people who wish to be child care providers for special needs children who lack adequate training
- Financial assistance to child care providers for special needs children to purchase equipment that meets the needs of special needs children
- Recruitment of qualified child care providers
- Make extra funds available to child care providers who work with special needs children
- Increase incentives to participate in training(s) relating to child care for special needs children
- Increase availability of respite care for parents of special needs children

Goal

Goal 3: To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten

Objective

Objective 3.4: Increased access to health care for young children

Summary of Findings

Kindergarten teachers state that many of their students' health needs are not being met, citing the parents' lack of time and a lack of school nurses as possible causes. Parents of special needs children and African American parents comment that they are unaware of many of the services available. Concern about the high cost of health care was paramount and widespread among parents. Many parents commented on the lack of availability of dental care for their children. Various programs that offer health care to young children are underutilized.

Outcome Indicators

- Increased utilization of existing health insurance programs
- Increased CHDP target population served
- Increase in eligible children enrolled in Medi-Cal
- Increase in eligible children enrolled in Healthy Families
- Increased children with health coverage (including dental)
- Increased presence and availability of nurses
- Increased parents of special needs children accessing health services
- Increased African American children accessing health services
- Increased community awareness of the importance of regular health care
- Increased children receiving health exams as recommended by the American Academy of Pediatrics
- Increased children with early, comprehensive and integrated identification of a health care provider

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Financial assistance to people who are interested in being a nurse but who lack adequate training
- Include health screening in home visitation program
- School-based and community-based health screenings for all kindergarteners
- Promote messages about already existing health programs
- Promote awareness of information and referral phone number
- Ensure that children receive regular examinations from primary care providers as part of their routine care

Goal

Goal 3: To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten

Objective

Objective 3.5: Increased parental knowledge of children's growth and cognitive development and the need for brain stimulation

Summary of Findings

Current research on the brain indicates that children's early interactions with their parents are crucial in determining their success later in life, particularly with respect to school readiness. For maximum impact, this interaction should begin during the prenatal period and extend into the child's early years. However, many parents do not know about the importance of early brain development, nor are they aware of the possible techniques they may employ to simulate their child's brain. Parents comment that they want the best for their children, but they often do not know the best ways to help their children. Further, high rates of exposure to substance abuse in the prenatal and perinatal period have negative impacts on young children's brain development.

Outcome Indicators

- Increased parental awareness and knowledge of the importance of brain stimulation and techniques
- Increase in child care providers educated about brain stimulation methods for young children
- Increased service providers' awareness of brain stimulation methods
- Increased proportion of kindergarten students with developmentally appropriate intellectual skills
- Increased community awareness and knowledge of the child development process
- Decreased prenatal exposure to toxins (including tobacco, alcohol, drugs and lead)
- Decreased perinatal exposure to toxins (including tobacco, alcohol, drugs and lead)
- Increased early entry into prenatal care

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Workshops for expecting parents and new parents about the importance of brain stimulation
- Promote messages about the importance of brain stimulation
- Promote community awareness about the child development process
- Parenting classes
- Include brain stimulation in home visitation program
- Educate child care providers about methods of brain stimulation in young children
- Community-based family life and child development education for pre-teens and teens
- School-based family life and child development education for pre-teens and teens
- Substance abuse treatment programs for expecting parents and parents of young children

Goal

Goal 3: To increase the proportion of children who are developmentally, socially, physically and intellectually ready to start kindergarten

Objective

Objective 3.6: Increased proportion of children who are developmentally, socially and intellectually ready for school

Summary of Findings

Indicator data for this objective is not available. Service providers and parents report that many parents do not have adequate information on how to prepare their children for kindergarten. It is particularly difficult for parents with limited English to help prepare their children for kindergarten. Southeast Asian parents state that the American educational system is very different from the systems they are used to, and that they are consequently unsure of their responsibilities.

Outcome Indicators

- Increase in affordable preschool
- Increase in preschool participation
- Increase in parental awareness of how to prepare their children for kindergarten
- Increase in parental awareness of how the (American) educational system functions
- Increase in English classes for parents
- Increase in parent involvement in their children's education
- Decrease in aggressive behavior by young children
- Increase in children regularly attending kindergarten
- Increase in children screened for learning disabilities
- Screening for pre-kindergarten children to determine if they are ready for kindergarten
- Increase in children who are ready for kindergarten
- Increase in schools' responsiveness to parents' needs

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- English classes for parents with limited English
- Financial support for parents enrolling their children in preschool
- Child/parent classes to introduce parents to the expectations of the San Joaquin County educational system
- Include description of developmentally appropriate stages in parent education classes
- Community outreach to parents to educate them on their ability to impact their child's healthy development
- Establish a screening process for pre-kindergarten children to determine whether they are ready for kindergarten
- Promote messages about the importance of preschool participation
- Encourage and assist schools to be responsive to parents

Goal

Goal 4: To create and maintain a comprehensive and integrated system of early childhood services which is consumer-oriented and easily accessible

Objective

Objective 4.1: Services reduce disparities in health status, school readiness and family functioning across ethnicities and geographic areas

Summary of Findings

Many of the findings of the needs assessment part of the Strategic Plan reveal significant differences in condition and access resulting from the characteristics or local of the children and families in the County. For example, African American rates for asthma and infant mortality are higher than the County-wide average. There are proportionately fewer Spanish-speaking child care providers and a higher proportion of teen births; Southeast Asians do not participate equally in public benefit or family service programs. The Commission intends to reduce the disparity between ethnic and cultural groups in the County in the areas relating the young children and their families.

Outcome Indicators

- Differences between ethnic groups on key health, family functioning and school readiness indicators to be reduced by a designated percent
- Differences in participation rates in key service programs or activities to be reduced by a certain percent
- Long range objective: parity among all groups in the County

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Increase capacity to provide culturally appropriate programs and services in existing organizations
- Create new programs operated by organizations with community credibility
- Promote partnerships between organizations serving different community segments
- Promote partnerships between community organizations and government social service and health departments
- Promote immersion programs that encourage cultural exchange and acculturation

Goal

Goal 4: To create and maintain a comprehensive and integrated system of early childhood services which is consumer-oriented and easily accessible

Objective

Objective 4.2: Services are accessible for families with special needs

Summary of Findings

Families of children with special needs report they have difficulty in accessing services available to other families. These include specialized health care, transportation, respite care, child development and other related services. Furthermore, physical access to existing services that would otherwise be appropriate for their children is difficult to get. The lack of indicator data on the specific needs of children with special needs reflects the difficulty these families have in having their issues recognized and addressed. The Commission is committed to including them in the service system supported by Children and Families resources.

Outcome Indicators

- Increase in families with children with special needs reporting greater access to services
- Increase in programs which service children with special needs
- Increase in children receiving Prop 10-funded services who have special needs
- Increase in parental awareness of programs available for special needs children

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

- Reduce access barriers through capital improvements
- Increase specialized resources for children with special needs
- Promote greater involvement of parents of children with special needs in community planning

Goal

Goal 4: To create and maintain a comprehensive and integrated system of early childhood services which is consumer-oriented and easily accessible

Objective

Objective 4.3: Services are integrated so that families can get the services they seek easily and with minimum administrative requirements

Summary of Findings

Service providers and parents indicated that often the responsibility for linking services falls on parents. Consequently, children do not always get the help they need. Service systems such as health care and child development services do not "naturally" come together for parents. Public programs create particular barriers when the eligibility criteria differ. This fragmentation is a particular problem for people with limited English-speaking ability. The service system design section of the plan presents the Commission's strategies for creating a comprehensive, integrated service system that is consumer-oriented and easily accessible. These strategies are based on recommendations from the System Advisory Group.

Outcome Indicators

- Increased parent-reported satisfaction with being able to get the services they need
- Increased parent-reported satisfaction with the hours of service available
- Reduced waiting lists or time needed to link service systems
- Reduced time needed to establish eligibility
- Increase in number of service providers who participate in coordinated case management system
- Increased coordination between service providers
- Increased integration of prevention and direct care
- Increased cross-service planning
- Increase in culturally appropriate materials and services
- Increase in services available at non-traditional hours

Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:

See Service System Recommendations section of the Strategic Plan

Goal
Goal 4: To create and maintain a comprehensive and integrated system of early childhood services which is consumer-oriented and easily accessible
Objective
Objective 4.4: Client and service information is integrated and shared in a respectful and confidential manner
Summary of Findings
The System Advisory Group's recommendations identify the need for integrated client and service data as an essential ingredient for building a truly integrated system. The recommendations also identify the need for confidentiality with sensitive information.
Outcome Indicators
• Creation and maintenance of client data system that has adequate privacy protection • Client satisfaction with amount and type of data collected, as well as perceptions of privacy • Increased collaboration and cooperation between agencies • Widespread dissemination of a comprehensive services directory
Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:
• Creation of data systems • Creation of a comprehensive services directory

Goal
Goal 4: To create and maintain a comprehensive and integrated system of early childhood services which is consumer-oriented and easily accessible
Objective
Objective 4.5: Investments are directed toward effective practices
Summary of Findings
The Commission is committed to outcomes-based accountability as a means of ensuring effective practices. However, the Commission also recognizes that outcome data is not likely to be available for the next three to five years. The Strategic Plan's evaluation strategy describes an approach to phasing in the evaluation requirements while building service provider capacity to collect meaningful outcome data. In the short-term, the Commission will collect process and short-term outcome information to assess provider effectiveness in meeting their immediate goals and objectives.
Outcome Indicators
The creation of an evaluation and monitoring system
Sample Program Strategies for Achieving this Objective May Include, But Are Not Limited To:
See Evaluation section of the Strategic Plan

Commission Priorities – San Joaquin County's Initiatives for Children and Families

After defining the goals and objectives in the previous section, the Children and Families Commission prioritized the objectives. The purpose of this prioritization was to convey where the greatest short-term opportunities and needs for young children and their families are. The Commission is committed to using the funds available to it to pursue all of the goals and objectives outlined in the strategic plan. Through the process of setting priorities, the Commission decided that a number of the objectives were so closely related to each other that they combined into initiatives that addressed multiple objectives. This section of the plan presents the Commission's priorities as expressed in four major initiatives to improve the well-being of children age 0 to 5 and their families.

Each Commissioner ranked her or his top ten objectives from 1 to 10. Those results were then analyzed and discussed. The Commission realized that it would be impractical to "prioritize" such a large list of objectives, some of which overlapped with other objectives. After extended discussion, the Commission determined that the priority objectives could be summarized under four major initiatives which address a cluster of objectives. These are presented below.

Initiative	Objectives
Parent Education	1.1, 3.5, 3.6
Children's Health	2.2, 2.3, 2.4, 3.4
Child Care	3.1, 3.2, 3.3, 3.6
Drug, Alcohol and Tobacco Prevention and Treatment	1.4, 2.1

By organizing its objectives into these clusters, the Commission recognizes that the accomplishment of the intended outcomes in these areas depends on the effective integration of program strategies. It might be possible that a group of service providers and community groups may want to work together to use Prop 10 funds to address all of the outcomes included under child care or parent education, for example. The objectives and outcomes should not be treated as isolated targets. They are part of a complex set of individual and family behaviors that must be addressed comprehensively. Consequently, the Commission expects applicants within these initiatives to also directly respond to the need for service integration and collaboration (objective 4.3) as well as reducing disparities among ethnic groups, geographical areas, and specific groups served (objective 4.1).

These four initiatives are the San Joaquin Children and Families Commission's priorities for FY 2000-01. The Request for Proposals (or other mechanisms used to the allocation of funds) will also encourage applicants to address goals and objectives that fall outside the four major initiatives. There will be a special pool of funds made available specifically for other projects or services. The Commission intends to address all the issues identified in the goals and objectives section. However, its most pressing priorities are included in the four initiatives – Parent Education, Children's Health, Child Care and Drug, Alcohol and Tobacco Prevention and Treatment.

The Commission would like to establish Task Forces in these four areas, comprised of the providers funded within the area, consumers and experts, to help in monitoring changes in the field and in advising the Commission on emerging issues. The Task Forces would also play an important role in creating the evaluation design which would be used to assess the Commission's impact in these areas.

VI. Fund Allocation

1. Projection of Revenue Streams and Expenditures

Exhibit 7.1 presents an estimate of the resources available to the Commission over the next ten years and a possible pattern of expenditures. The Commission's rationale for these projections is discussed in Section 3 of this chapter of the strategic plan.

2. Categories of Expenditures

The Commission will use the following categories for allocating the resources available to it:

1. Program services – the amount to be allocated to each of the four initiatives: increasing parental education; improving children's health; increasing the quantity and quality of child care; and promoting drug, alcohol and tobacco prevention and treatment. Expenditures will be used for the delivery of direct services and other services which support the Commission's initiatives and goals.

2. Commission staffing and support – staffing costs, administrative support and supplies, and other direct costs (e.g., hardware, software, furniture, printing, consultants) related to the operations of the Commission.

3. Special projects – special programs or services outside of the major initiative areas. These projects will be outside of the initiative area category by virtue of 1.) addressing an objective which is not included in one of the four major initiative areas; 2.) small budget requirement; 3.) short-term timeline; 4.) falling outside the formal goals and objectives established by the Commission; 5.) a demonstration of an innovative approach to addressing an issue or set of issues identified in the strategic plan.

4. Children and Families Trust Fund – a trust created by the Board of Supervisors and required by Prop 10, the earnings from which would be a source of support for program services. The assets in this fund would be invested by the County of San Joaquin.

5. Capital financing – one-time funding for capital improvements such as upgrading child care centers or construction of health centers. Some of these funds may be made available on a revolving loan fund basis, at the Commission's discretion.

6. Matching funds – funds made available specifically to leverage other funding sources for programs which are consistent with the goals of the Commission but which fall outside of specific program services described above.

7. Evaluation – the development of data collection and reporting systems, building provider capacity to collect outcome information and conducting community-wide impact assessment.

8. Communications/Media – the cost of publicizing the Commission's plan and promoting the program and education strategies, separate from communication costs of program services.

EXHIBIT 7.1: PROJECTION OF REVENUE STREAMS AND EXPENDITURES

		2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
REV – Allocation from State	$	7,000,000	6,650,000	6,317,500	6,001,625	5,701,543	5,416,465	5,145,641	4,888,358	4,643,940	4,411,743
EXP - <Program Services, Special Projects, Capital Improvements, Matching Funds>		-5,110,000	-5,263,300	-5,421,199	-5,583,834	-5,751,349	-5,923,889	-6,101,605	-6,284,653	-6,473,192	-6,667,387
EXP - <Staffing, Evaluation, Communication>		-490,000	-504,700	-519,841	-535,436	-551,499	-568,043	-585,084	-602,636	-620,715	-639,336
NET CONTRIBUTION TO TRUST FUND	$	1,400,000	882,000	376,460	-117,645	-601,305	-1,075,467	-1,541,048	-1,998,931	-2,449,967	-2,894,980
Trust Fund Balance (Beginning)	$	12,500,000	14,525,000	16,133,250	17,316,372	18,064,545	18,366,467	18,209,323	17,578,741	16,458,747	14,831,717
Interest Earnings		625,000	726,250	806,662	865,818	903,227	918,323	910,466	878,937	822,937	741,585
Contribution to Trust Fund		1,400,000	882,000	376,460	-117,645	-601,305	-1,075,467	-1,541,048	-1,998,931	-2,449,967	-2,894,980
TRUST FUND BALANCE (ENDING)	$	14,525,000	16,133,250	17,316,372	18,064,545	18,366,467	18,209,323	17,578,741	16,458,747	14,831,717	12,678,322
Assumptions:		Year 1 allocation: **73%** - Program Services, 7% - Administration, 20% - Retained in Trust Fund									
		Allocation from State **decreases** by 5% per year									
		Expenditures **increase** by 3% per year									
		Interest earned on trust fund balance = 5% per year									

EXHIBIT 7.2: PROJECTION OF REVENUE STREAMS AND EXPENDITURES

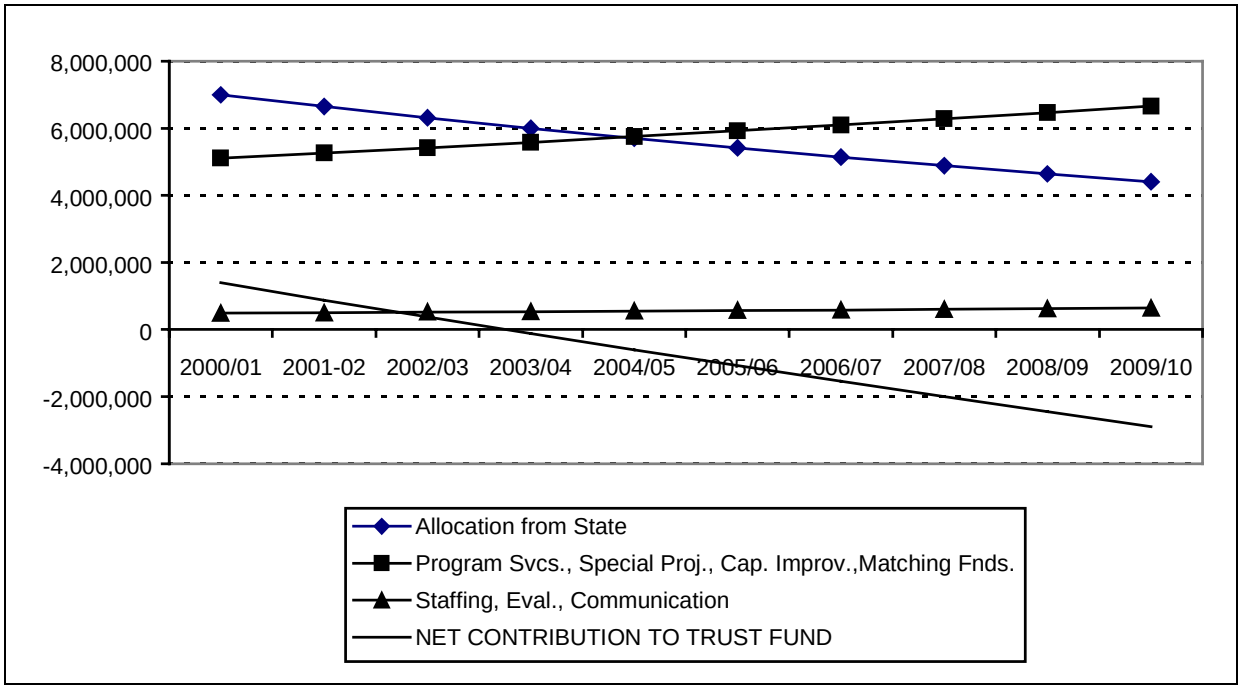
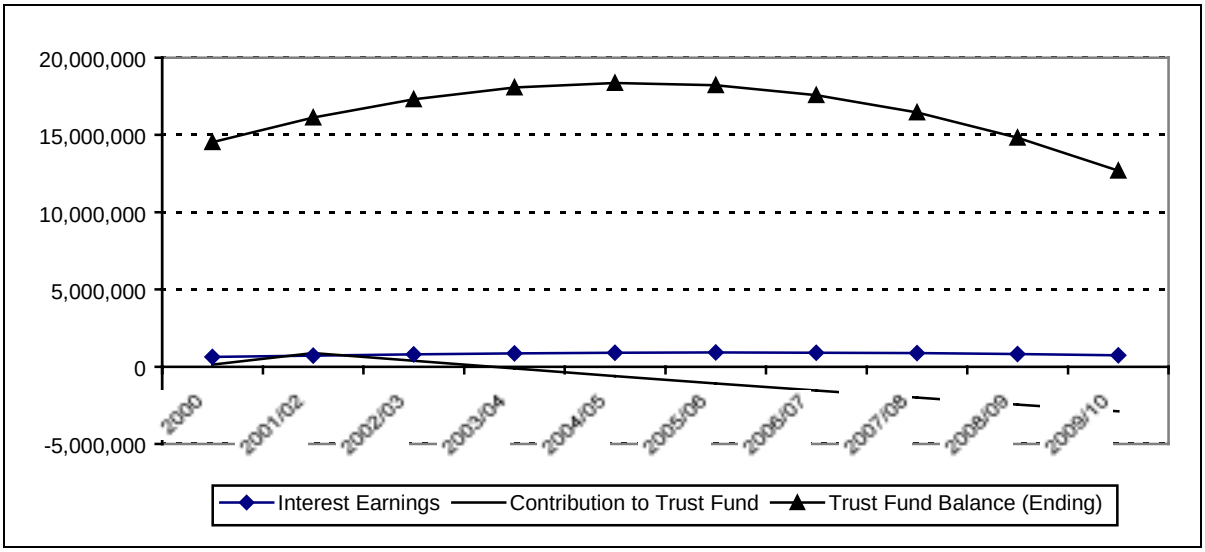


EXHIBIT 7.3: PROJECTION OF TRUST FUND BALANCE



3. FORMULA FOR DISTRIBUTION OF FUNDS FOR FY 2000-2001

As part of the planning process, the Commission determined a preliminary formula for fund distribution. This will be the basis for the first round of expenditures for program services in 2000-2001. The specific allocations for each category under program support – program services, special projects, capital financing and matching funds – will be determined at a later time. The following is the Commission's preliminary general formula for the allocation of funds:

Program Support	**73%**	
Program Services		
Parent Education		
Children's Health		
Child Care		
Drug, Alcohol and Tobacco Prevention and Treatment		
Special Projects		
Capital Financing		
Matching Funds		
Trust Fund	**20%**	
Administration	**7%**	
Administrative Support, including staff		4%
Evaluation		1.5%
Communication		1.5%

4. PROCESS FOR DISTRIBUTION OF FUNDS

The Commission will issue a Request for Proposals and/or other allocation methods to solicit service providers to deliver the services described in the strategic plan. Not-for-profit organizations, for-profit corporations and government organizations will be eligible to apply for funding. The Commission will make the final funding decisions. In considering funding applications, the Commission is likely to take into account the following criteria, among others, in applications for program services funds:

- Experience in providing similar services
- Specific plans and capacity to address the need for culturally appropriate services
- Ability to be accessible to all service users
- Appropriateness of workplan
- Cost-effectiveness

- Innovative service delivery or program models
- Ability to comply with evaluation requirements
- Ability to comply with technical assistance requirements
- Ability to comply with the service system design requirements (see section IX. Service System Design for specifics)
- Potential for securing matching funds
- History of collaboration with other agencies
- Tobacco-free environment

The Commission will develop its Request for Proposals and/or other mechanisms based on this strategic plan. The RFP or other mechanism(s) will provide potential bidders with a clear statement of the selection criteria and the point allocation for each criterion. The RFP will also outline the specific audit, monitoring and accountability required under the Children and Families Act and by San Joaquin County. All interested parties will be required to attend a bidders conference. The Commission will also provide interested parties with assistance in understanding how to use this strategic plan in preparing a proposal. This will include training for applicants as well as assistance with budgeting, financial management requirements and development of evaluation plans. Such assistance does not guarantee the success of any application for funding.

The Commission recognizes the importance of multi-year funding in creating in an integrated and comprehensive service system. The Commission intends to provide multi-year support when possible. However, it is possible that the revenue from the Children and Families Act may decline steadily over the years. This possibility means that it may be difficult to provide multi-year funding to all providers. The Commission may determine that some of the program services represent core services, which respond to especially compelling community needs. It may request that the Board of Supervisors contract for those services for periods longer than twelve months, with the explicit contract understanding that funding beyond one year cannot be guaranteed.

VII. Leveraging Other Resources for Children and Families

The Proposition 10 tobacco tax revenues available to the San Joaquin County Children and Families Commission represent a significant resource for the children and families of the this county. However, this funding source by itself is not adequate to achieve all the goals and objectives presented in this plan. To address community needs in a meaningful way will require the creative use of all the different sources of support available to service the groups described in this document. These come from the county, state and federal government as well as private foundations. The Commission also views the people of this county as a resource and hopes to find challenging and rewarding opportunities to leverage that critical resource. This section of San Joaquin County's strategic plan describes the Commission's approach to leveraging other sources of support for children ages 0 to 5 and their families.

The most common type of leveraging is using one funding source to provide a match to secure another funding sources. For example, a state funding program for child health may require counties to contribute 25% of the costs in order to receive state funding for the remaining 75% of the program costs. Such matching requirements are increasingly common in human services. Funders use them to encourage grant recipients to have a financial stake in the success of a program. A small amount of money can help to secure a larger amount of money. The Commission believes there is significant potential to increase the total amount of resources in the County through providing matching funds to support applications to outside funders. Identifying those opportunities in the coming year will be a Commission priority.

Another approach to leveraging that the Commission supports is the use of direct services to help secure additional funding for early childhood services. For example, support for an innovative parent education program may be available from a foundation. However, the foundation may not support the costs of transportation or child care. It may be possible to use the resources of the Commission to provide funding for the services which make the new program possible. In this way the Commission encourages the development of new programs without making a direct investment of its resources.

There are many funding sources available which support programs whose intent is consistent with the priorities established in the plan. Given the enormous span of program areas addressed by the Children and Families Act, it is very difficult to identify all of them. Some of the most promising are at the federal level, in different programs in different agencies. There could easily be hundreds of different categorical funding programs, with a similar number at the state level. Investigating all those possibilities is not a task the San Joaquin County Commission will be able to undertake by itself. The Commission will rely on the state Commission to identify significant opportunities for leveraging at the federal and state levels. We also assume that the state Commission will notify county Commissions about statewide or regional foundation initiatives that may be of interest to local service providers.

The San Joaquin County Children and Families Commission will promote creative and effective leveraging of funding through the following activities:

- The Commission's criteria for funding under Proposition 10 explicitly include the potential to leverage public or private funds from other sources.

- The Commission's FY 2001 allocations plan includes funds set aside specifically to provide match for other funding sources which may support programs consistent with the Commission's goals and objectives.

- In FY 2001, the Commission will seek more detailed information about funding opportunities that will supplement Proposition 10 funding. This will include new sources as well as strategies for making existing sources more effective through collaboration.

- The Commission will include as part of its training for service providers information on how to leverage Proposition 10 dollars in seeking support from other sources.

- The Commission will work with the state Children and Families Commission to identify new sources of federal and foundation funds that complement Proposition 10 in the areas of child health, family functioning and school readiness.

VIII. Service System Design

1. THE VISION

A comprehensive system of services for young children and their families in San Joaquin County will address the physical, social, emotional and intellectual needs of children prenatally to five years of age and their parents/guardians/families. The system will seek to support and strengthen the ability of parents/guardians/family members to raise happy, healthy children who will succeed in school. The system will link families and children into a variety of countywide services. These services will be available and easily obtained by all children prenatal to five years of age and their parents, families and/or guardians regardless of income, residence, race/ethnicity or language.

The system will place the interest of all children first. It will inform and motivate parents/families/guardians, public leaders and local communities to support the service system, and will link together every public and non-profit human service agency, regardless of funding source(s), that provides services to children prenatally to five years of age and their parents/guardians/families.

2. THE FOUNDATION OF AN EFFECTIVE, CHILD-CENTERED SYSTEM

Core Elements

- *Developmentally appropriate practices* – All programs must take into account what is physically, emotionally, intellectually and socially developmentally appropriate for young children to ensure consistency across programs. Programs must educate parents and service providers about the developmental process of young children.

- *Integration of prevention and direct care* – The Commission encourages direct services for children and their families to include a prevention perspective. All service providers are encouraged to learn about ways to maximize child development and family functioning through prevention and incorporate that into their service activities.

- *Cross-service planning* – All providers are encouraged to help children and families access needed services elsewhere in the system. This entails the development of a service plan. The Commission will help build and maintain a wide range of supportive services to help families bridge service gaps.

- *Accessible communications* – The Commission encourages written and other materials to be available in the languages spoken by service users at an appropriate literacy level. The Commission also encourages communications to meet the needs of children and families with hearing, vision or physical disabilities.

- *Culturally appropriate* – All services and linking mechanisms must respect the cultures of the service users. Cultural differences should not interfere with the creation of a system that makes available comprehensive services to all children and families in the County.

- *Common data systems* – All service providers will be encouraged to use compatible client information management systems, as to minimize duplication and maximize information sharing.

3. RECOMMENDATIONS FOR AN EFFECTIVE, CHILD-CENTERED SYSTEM

Specific recommendations for creating a comprehensive, integrated system of services that is consumer-oriented and easily accessible are presented below.

Service Delivery

1. *Uniform eligibility, intake and confidentiality* – To the fullest extent possible, the Commission encourages the use of common eligibility, intake and confidentiality policies for all providers in the system. This will allow consumers to move across service systems more easily. A method for maintaining confidentiality while encouraging the exchange of information will be developed.

2. *Case management* – Service providers will be encouraged to participate in a case management system which allows for centralized service planning, referrals and tracking, and places the responsibility for ensuring service quality on an identifiable agency.

3. *Service user appeal procedures* – The Commission will develop a procedure for service users to formally appeal decisions they believe are not justified.

4. *Centralized data tracking* – Service providers will be encouraged to use a common database for tracking service users' characteristics, needs, service use and outcomes regardless of the number of services they receive. The Commission will work to ensure that service providers have the hardware and software necessary to manage this data.

5. *Appropriate service hours and locations* – The Commission encourages the times and locations for the delivery of services to be convenient for service users.

6. *Transportation* – The Commission will encourage low-cost or no-cost transportation services to be available to all service users who need them.

Collaboration among Service Providers

7. *Coordinating council* – The Commission will appoint a Countywide council to facilitate partnerships across traditional service delivery lines and to oversee the implementation of system design recommendation in the County's strategic plan. This council may be built upon interagency groups or models. The Commission will encourage other providers serving young children and their families to participate. The Commission may also develop an advisory council comprised of service users who monitor the accessibility of the system and report to the Coordinating Council and the full Commission on the overall effectiveness of the system.

8. *Regular service provider meetings* – The Commission will encourage Proposition 10-funded service providers to participate in regular system coordination meetings. Funding for the time required will be included in their budgets.

Staffing Levels and Development

9. *Staff training* – Staff responsible for direct services will receive training on child development prenatal to five years of age, and on the range of resources available, the methods for getting them, and the requirements of client data tracking and reporting. Staff will also receive training in cultural competency and special techniques for serving children and families with disabilities. Staff will also receive training and supervision in case management, community outreach and coordination. Adequate funding will be allocated for this purpose.

10. *Staffing levels* – Staffing levels should be adequate for allowing service planning and coordination. These tasks should be reflected in agency budgets.

Planning and Evaluation

11. *On-going strategic planning* – The Commission, the funded programs and the other organizations providing early childhood services will continue the assessment of resources, needs and opportunities necessary to maintain an effective, child-oriented system of services.

12. *System-level evaluation* – Evaluation activities will document the effectiveness of the system as a system to reach all parents of children prenatal to five years of age in San Joaquin County. Specific system-level performance measures will be developed and tracked.

The Administration of Proposition 10 Funding

13. *Application procedures* – The Commission encourages applicants for funding under Proposition 10 to include specific plans for addressing their role in an integrated and comprehensive service system that is consumer-oriented and easily accessible.

14. *Multi-year funding* – To allow providers to build the inter-agency mechanisms to ensure service system effectiveness, the Commission will try to award multi-year contracts whenever possible.

15. *Access to system-level data* – The Commission will make all non-confidential information related to the functioning of the system of care for early childhood available to the Coordinating Council, the Parent Oversight Group and other parties with a legitimate interest in making services easier to get for young children and their families.

16. *Reporting* – The Commission will encourage the reporting requirements for Proposition 10-funded programs to include performance measures related to system-building activities, based on the applicant's proposed goals and objectives.

Educational Strategies to Accomplish a Comprehensive System

17. *Community consensus* – Public education strategies will engage the community by disseminating information and increasing awareness about children's needs and the services available to them.

IX. Evaluation

1. Evaluation Framework

Evaluation is an essential tool in establishing the intended results of the Commission's work; reviewing progress toward achieving the goals, objectives and desired outcomes in the plan; and assessing the effectiveness of the funding allocation decisions. The Commission's plan for evaluation combines the state requirements for assessing the impact of services from an outcomes perspective with the Commission's need to establish process measures and build local capacity to measure outcomes. The Commission views its first evaluation priority as starting the long-term process of capacity building and creating baseline information against which progress can be measured. Only after those two foundations have been established will the Commission be able to assess the ultimate impact of its work.

The Commission will establish performance expectations at three levels of impact. The evaluation will provide evidence of the extent its decisions have affected those three levels. They are:

1. **Individual children and families** – The first level of impact will be the individual children and families who use Commission-funded services. For them, the evaluation will establish expected outcomes or measures of change over time. These expectations will be consistent with the intent of the California Children and Families Act but will address the specific needs of our County as defined in our strategic plan.

2. **Service system** – Beyond the effect on individual service users, the Commission wants to promote a comprehensive, integrated service system that is consumer-oriented and easily accessible. The evaluation will establish expectation for changes in the service delivery system, as well as the capacity of individual service providers, that reflect the Commission's goals.

3. **Community** – The ultimate measure of the effectiveness of the Commission's work will be improvements in the well-being of all children and families in the County. The evaluation will document changes in a select group of established indicators of the status of children and families. The indicators will be meaningful measures of community change. In addition, the Commission will conduct periodic surveys of the community residents to assess attitudes and behaviors related to young children.

2. Evaluation Approaches

The Commission will use a combination of methods to document the impact of its decisions and the performance of funded service providers who receive Commission funding. The most significant of these are described below:

- **Service provider reports** – The most important evaluation tool in the short-term will be reports from service providers about the users of their services. The Commission has established goals, objectives and indicators for each of its key outcomes areas. These are the

Commission's expectations for impact on service users. The evaluation will translate these expectations into specific process and outcome reporting requirements. As a requirement of funding, providers will collect and report data about service users and changes in their status over time. Some of this information will be self-administered by service users while other data will come from provider records. Service providers will need substantial help in developing their capacity to meet this requirement. The initial emphasis will be on building strong baseline data. With support, the providers will eventually be documenting the achievement of outcomes.

- **Service provider self-assessments** – In addition to providing quantitative information about service users, providers will also conduct self-assessments. The self-assessments will document changes in organizational capacity, participation in service integration and responsiveness to changing community needs. They will allow service providers to describe the impact of the Commission's work from their own perspective.

- **Monitoring community indicators** – The Commission will identify that group of community-level indicators that best reflect their expectations for community-wide change. Using a logic model approach, the Commission will ensure that the indicators selected are meaningful and realistic measures of changes in the status of children and families that are within the Commission's ability to influence. Most of these indicators will be available from secondary sources. The Commission may choose to track some community-wide indicators not readily available from other sources, in which case it will develop the necessary data sources.

- **Community and service user surveys** – Those who are directly involved in the service system will have the opportunity to assess its effectiveness in meeting their needs. Service users will be asked to evaluate the services they receive in terms of quality, responsiveness, access and impact. This information will be separate from that supplied by service providers and will be used to cross-check provider data. The other "users" of the service system are members of the general community, including those without young children or families. The Commission's long-term impact will be to change the quality of life in San Joaquin County. The residents of the County (parents of young children and others) will be asked about the Commission's work and their recommendations for the future.

The evaluation will be one of the most important mechanisms for service users and community residents to inform the Commission about its impact. For that reason, there will be an advisory group responsible for ensuring that the evaluation is responsive to community input, feasible for providers to implement and addresses the critical issues facing young children and their families in San Joaquin County. Service users, service providers and general community members will serve on this advisory group. They will review the evaluation design and data collection tools, monitor the impact of the evaluation of service users and providers and make recommendations to the Commission for improvements in the evaluation.

3. MEASURING CHANGE

The measurement of change requires three design elements: a clear statement of what is expected to change, the ability to measure that which is expected to change at least twice and data collection tools which accurately describe the thing being measured. The Commission's strategic plan provides a clear statement of goals, objectives and indicators. These elements were selected because they describe those parts of the world of young children in San Joaquin County of greatest interest to the Commission and importance to the community. They are foundation on which the evaluation rests. The other two components necessary to measure change will require additional effort to develop.

The second element necessary to measure change is the ability to describe status over time. This means that service providers and evaluators must create the capacity to track service users. Follow-up procedures can be time-consuming and complex but are necessary for the documentation of actual long-term impact. The Commission and its evaluation staff are committed to working with service providers to find innovative strategies for client follow-up. The Commission does not expect its contractors to develop their own plans for tracking client outcomes over time. The long-term evaluation design will create a service system strategy for following the progress of service users.

The final requirement is to have valid, reliable and easy-to-use data collection tools. This will include qualitative methods (such as focus groups and interviews) as well as the more traditional quantitative techniques. The Commission and its evaluators will work with service providers to develop tools that meet these requirements. To the extent possible, the evaluation will build on those data elements which are already commonly used in child health, family functioning and school readiness programs. When it is necessary to develop new questions or data collection strategies, the Commission will encourage the participation of service providers in the design of such strategies. The evaluation will reflect the Commission's overall commitment to community involvement

4. BUILDING CAPACITY

The Commission recognizes that, while the County's service providers are committed to service quality, some lack the staff or technical skills to implement an outcome-oriented evaluation. The Commission will address this through two strategies. The first is to phase in the evaluation requirements over time. The evaluation will start by asking contracted service providers to use their existing instruments to describe basic process measures, with the requirement that those instruments meet some basic minimum standard. Over the course of the first year, the Commission will develop more detailed data requirements which will phased in by the beginning of the second year. During the second year, the providers will begin using some standardized data collection and management tools. There will also be an expectation that all providers will be collecting short-term outcome data in the second year. By year three, the evaluation will begin documenting the long-term outcomes of services while continuing to collect process and short-term information as well. Over time, the service providers will develop the skills and experience to implement a more rigorous outcome evaluation.

The second capacity-building strategy is to deliver intensive technical assistance on evaluation, measurement and data management. The Commission will provide expert training, consultation and other support to allow service organizations to increase their skills. This will continue during the three-year period of evaluation phase-in.